

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED MAY 4 1953

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>23</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		<u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1502 South Prospect</u>				d. STREET ADDRESS (If rural, give location) <u>1502 South Prospect</u>			
3. NAME OF DECEASED (Type or Print) <u>WESLEY</u>		a. (First) <u>0.</u>		b. (Middle) <u>CASE</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 24, 1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 25, 1878</u>		9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>29</u>		11. UNDER 24 HRS. Hours <u>0</u> Min. <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, retired</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Creston, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Robert Case</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Glidwell</u>		14. NAME OF HUSBAND OR WIFE <u>Amelia Riley Case</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Viola Cecil, 1502 South Pros. Sedalia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardio Vascular Disease- Decompensated ?</u> <u>Over one year.</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Senility.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4/221</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>over 1 year 19</u> , to <u>April 24th 1953</u> , that I last saw the deceased alive on <u>April 23rd 1953</u> , and that death occurred at <u>6.30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>		23c. DATE SIGNED <u>4-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mania Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Pettis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/26/1953</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sedalia, Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

P. E. Baker

Licensed Embalmer No. *2419*

P. O. Address

Secalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.